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ABSTRACT

The purpose of this study was to examine, describe, and explain experiences of men with eating disorders and to gain understanding of the relevant life issues, perceptions, and attitudes. What are some of the contributing factors and experiences of men who suffer from eating disorders despite the widely held assumption that eating disorders are "feminine disorders," and more importantly, what is it like to be a man with an eating disorder. The results of the study revealed that although the personalities of the men interviewed were different, as were their families of origin, their socio-economic status, their careers, and their sexual orientation, still many common elements emerged. This suggests that a variety of origins and factors contribute to men's eating disorders. Eating disorders in men take many forms, but the review of literature and the interviews with men suggest that common components of isolation, shame, and angst with regard to food are prevalent in the experiences of all men suffering from these disorders. Medical and mental health professionals need to be attuned to the variety of forms that eating disorders can present. An appendix contains the study interview questions. (Contains 18 references.) (GCP)

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Running head: Eating Disorders

MEN'S EXPERIENCES WITH EATING DISORDERS:

(UNCOMMON LIVES?

A LOOK AT THE EXPERIENCES OF MEN WITH EATING DISORDERS)

April 21, 2003

American Educational Research Association (AERA), April 2003, Chicago, IL

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INTRODUCTION

Leslie was a chubby teenager, but longed for a lean, beautiful body. However, Leslie's source of emotional comfort tended to come from food, and lots of it. At age 17, for the first time Leslie vomited the rather large amount of food eaten just moments earlier. From that day on, Leslie's reliance on purging to eliminate binged foods grew over time, and so did an inner sense of humiliation and shame.

No one else knew of Leslie's secret behaviors. Leslie went to college, worked in a hectic, and challenging field, and was a success by the standards of the world. On the inside Leslie always felt like a fraud, ashamed, and alone. Eating disorder ruled Leslie's life, with multiple daily binges and vomiting, large daily doses of laxatives, and food always on Leslie's mind.

The violent vomiting and extensive use of laxatives over many years caused an electrolyte imbalance in Leslie's body, something Leslie was not aware of until one day, when driving home on a crowded interstate highway, Leslie had a blackout. These blackouts had happened before, but they had not been as pronounced and Leslie had managed to deny their significance. This time, however, there was no denying; the blackout was significant and almost caused an accident. Leslie has no memory of the rest of the day or of getting home. Leslie fell to the floor, and finally decided to call a doctor.

Leslie is an intelligent, articulate, 42-year-old man, who still, after undergoing years of rather intensive work with various therapists and medical doctors, sees himself as a fat man. His story reminds us that eating disorders can be, and too often are, lethal.

Today, Leslie is still struggling with his eating disorder, but he is no longer isolated in his shame. He now knows how to obtain help. Leslie's story is not dissimilar to the stories of

the men I interviewed for a qualitative study undertaken to shed further light on men's experiences with eating disorders.

Like many other psychological disorders, eating problems are generally associated with secrecy and a sense of shame by those suffering from them. The term eating disorders is an umbrella term used for the syndromes of anorexia and bulimia nervosa. Anorexia in its broadest sense can describe individuals who persistently refuse to eat. Bulimia, on the other hand, describes those who eat, often compulsively, but then purge themselves of the food, by vomiting or other methods. Many people with eating disorders suffer from both syndromes, sometimes alternating between the two. The common theme is the fear of what food can do to the person. For people with eating disorders, food has acquired massive emotional connotations and has become the focus of their lives in one way or another.

The prevalent theoretical views of eating disorders appear to suggest that social pressures directly put women at risk for these types of disorders. Prevailing views further support the concept of a very "feminine" female, embracing a traditional gender role, as a likely candidate for eating disorders. There is a misleading stereotype about the kind of person who has an eating disorder, namely upper middle class, white, young, and female.

Purpose of the Study

The purpose of this study was to examine, describe, and explain experiences of men with eating disorders and to gain understanding of the relevant life issues, perceptions, and attitudes. What are some of the contributing factors and the experiences of men who suffer from eating disorders despite the widely held assumption that eating disorders are "feminine disorders", and more importantly, what is it like to be a man with an eating disorder.

REVIEW OF LITERATURE

The literature was reviewed in an attempt to glean an integrated understanding of what is known about eating disorders in men. This review highlights and evaluates the main issues presented in this rather fragmented array of literature. The main themes apparent in this literature were deemed to be: sexual orientation, gender role, body image, and accompanying psychopathology.

Sexual orientation

The issue of sexual orientation in males with eating disorders is controversial. Several studies conclude that homosexual orientation is found in large numbers of eating-disordered men (French, Story, Remafedi, Resnick, & Blum, 1996; Herzog et al., 1990; Beren, Hayden, Wilfley, & Grilo, 1996; Gettelman & Thompson, 1993; Beren et al., 1996). While the proportion of male homosexuals in the general population is crossculturally estimated at 3% to 5% (Herzog et al., 1990), the proportions in samples of eating-disordered men are often two or more times greater. For example, a study focusing on adolescents (French et al., 1996) found that binge eating and purging behaviors were about twice as prevalent in homosexual or bisexual males compared to heterosexual males. Gay men were also found to have significantly greater differences between own perceived body size and ideal body size, indicating a high level of body dissatisfaction (Siever, 1994). Furthermore, homosexual males had high scores on eating disorder inventories, whereas heterosexual males had the lowest scores (Siever, 1994). A British study similarly concluded that gay men are at increased risk for eating disorders and body dissatisfaction. There was also a strong

association between self-esteem, body dissatisfaction and eating disturbance for gay males, but not for their heterosexual counterparts (Williamson & Hartley, 1998).

It is suggested that guilt or fear regarding a homoerotic experience may precipitate an eating disorder in males (Herzog et al., 1990). Anorexic males especially tend to display a considerable degree of anxiety regarding sexual activities and relationships. Herzog et al. (1990) propose that conflict over homosexual feelings in male eating-disordered patients may be comparable to that of heterosexual conflict in female patients. Starvation reduces their sexual drive, temporarily easing the sexual conflicts. Herzog (1990) further reports that many eating-disordered males tend to view their homosexual orientation disfavorably.

One repeatedly mentioned explanation for homosexual males' seemingly higher rates of eating disorders has been that they are sexually objectified by men, as heterosexual females are, resulting in perceiving value in having an attractive body shape for attracting a romantic partner (French et al., 1996). The data from research conducted by Gettelman et al. indicates that some homosexual males internalize the beliefs that gay men are "supposed" to maintain a thin, athletic body. This in turn can lead to being overly concerned with appearance, weight, and dieting (Gettelman & Thompson, 1993). It has been suggested that the gay male culture imposes strong pressures on gay men to be physically attractive. This emphasis on image seems likely to result in a vulnerability to eating disorders.

The literature on eating-disordered males suggests that sexual issues are important in understanding these men. Preliminary research suggests that homosexual men feel cultural pressures toward slenderness and may be at increased risk for developing eating disorders. However, not every study supported the premise that gay men are more prone to eating disorders. For example, a study conducted on college males found that the rate of

homosexuality and bisexuality was not significantly greater in the eating disorder group than the comparison group (Olivardia, Pope, Mangweth, & Hudson, 1995).

Gender roles

Studies suggest that eating-disordered men exhibit more gender dysphoria than do their non-disordered counterparts (Herzog, Bradburn, & Newman, 1990). Some researchers have postulated that the feminine scores obtained by many anorexic males on "masculinity-femininity" scales are indicative of disturbed gender identity development (Herzog et al., 1990). Cantrell and Ellis (Cantrell & Ellis, 1991) challenged the prevalent role theorists who view eating dysfunction as involving only stereotypic "feminine" identification. They found that for both sexes, masculinity and androgyny were associated with weight preoccupation and compulsivity. Furthermore, a linkage has been found to exist between the time during adolescence when boys are reassessing their sex roles and the time when eating disorders tend to develop (Kearney-Cooke & Steichen-Asch, 1990).

In the context of gender roles it is important to mention a case study with an eating-disordered biological male transgendered patient (Surgenor & Fear, 1998). The authors report a close connection between transgender issues and the development of eating disorder symptoms. The history of the patient's eating disorder revealed the onset of bulimia nervosa coinciding with his first persistent attempts to live as a woman. The authors further conclude that in certain men, transgenderism may constitute a risk factor for developing an eating disorder.

Further insight into gender role issues and possible conflicts in eating-disordered men may shed some light onto why some men are more vulnerable to these disorders. How gender

roles are conceptualized is another important consideration in examining them as risk factors for development of eating disorders.

Body image

Ideal male body shape has varied over generations, but societal attention in the arena seems to have been focused primarily on women. Body image is defined as a person's perceptions, thoughts and feelings about his or her body. The body image a person has of his or her body is largely determined by social experience (Grogan, 1999). Body image concerns are multidimensional, including issues like distortion of body size, dissatisfaction with body size, concern with body shape, and insensitivity to internal cues. In a study (Kearney-Cooke & Steichen-Asch, 1990) which included taking a body image history of the male participants, a significant finding was that men struggling with eating disorders reported that they were teased more about their bodies while growing up and were preferred less for athletic teams. This study also found that the preferred body type for eating-disordered men differed from that of those without eating disorders. Eating-disordered men preferred a "lean, toned, thin" shape, as compared to the more muscular, V-shaped body.

Men's magazines emphasize and value activity, movement, and physical prowess. Some of the pitfalls resulting from that focus are the epidemic use of anabolic steroids and obsessive or otherwise detrimental use of athletic activity. Furthermore, this may influence males' attitudes and behaviors concerning their weight and consequently the probability of developing an eating disorder (Mickalide, 1990).

It is argued that Western culture prescribes a narrow range of body shapes as acceptable. This leads to a concept of keeping the body "under control", which can be a

factor in the onset of eating disorders (Grogan, 1999). Body image distortion and dissatisfaction are reported as being present with eating disorders and obesity in men (Leonhard & Barry, 1998). Gettelman (Gettelman & Thompson, 1993) notes that heterosexual males generally have the least body image disturbance, and appear to be at a relatively low risk for developing eating disorders as compared to females and homosexual males, who have more pronounced body dissatisfaction.

Accompanying psychopathology

Some of the available literature describes the psychological characteristics of eating-disordered males. Research using structured clinical interviews to assess current and past history of DSM IV Axis I disorders concluded that men with eating disorders had a strikingly higher rate of current or past major mood disorders than did the male comparison groups (Olivardia et al., 1995). An Austrian study (Mangweth et al., 1997) concluded similarly that men with eating disorders displayed a significantly higher rate of mood disorders and of substance dependence or abuse than did the comparison group. Anxiety disorders were also found more commonly in eating-disordered men.

Men with eating disorders reportedly tend to score highest on the dependent, avoidant, and passive-aggressive scales of personality inventories (Kearney-Cooke & Steichen-Asch, 1990). A study using self-report data and focusing on personality disorders concluded that males with severe personality disorders appear to have a high rate of disordered eating attitudes and problems (Dolan, Evans, & Norton, 1994).

There is also some evidence that individuals with eating disorders score higher on scales measuring dissociative symptoms. High levels of dissociation have been linked with

the frequency of bingeing, and a connection was also found between dissociation and unhealthy eating attitudes (Meyer & Waller, 1998). Another study looking at this linkage revealed a modest relationship between abnormal eating and dissociative experiences in men (Valdiserri & Kihlstrom, 1995).

The findings of a unique study looking at the impact of adverse childhood experiences on eating-disordered behavior in males suggest that long lasting negative family relationships, especially in connection with physically abusive experiences, may increase the risk for eating disorders. The link between the two is unlikely to be specific, but may be mediated by inadequate coping mechanisms when faced with various stressors (Kinzl, Mangweth, Traweger, & Biebl, 1997).

There are several conclusions that can be drawn from the literature reviewed here. While gender role identification conflicts appear to play a role in male eating disorders, sexual orientation has been quite clearly demonstrated to be a contributing factor. Dissatisfaction with body shape or image is indicated as another contributing element. Finally, it may be that men are simply more reluctant to seek or stay in treatment for a disorder so commonly seen as a feminine disorder. If that is the case, eating disorders in men may be more common than research seems to indicate, as most available research draws subjects from those who are in treatment or are seeking treatment.

Almost completely absent in the available literature are the personal experiences of men suffering from eating disorders. This study attempted to shed light on the inner worlds of these men, their experiences, thoughts, feelings, and attitudes, what is it like to be a man with an eating disorder.

The Need for the Study

As the literature review suggests, there are currently no definitive answers as to the causes of eating disorders in males, or to the disparity in the prevalence of eating disorders between males and females. The research literature in the area of eating disorders is still unfocused and inconclusive and most of the research is completely unbalanced by the exclusion of male subjects. It is likely that a variety of factors combine to produce and maintain a disordered relationship with food in men. Furthermore, eating disorders in men seem to be little understood by helping professionals.

The importance of doing qualitative research in this area is to provide more information to individuals who themselves are living with eating disorders, as well as to provide information to helping professionals who work with these populations. This project attempted to understand the personal, inner experiences of men with eating disorders.

METHODOLOGY

Procedures

Participants were recruited by word of mouth, fliers placed in a medical center, health clubs, bars, and dance studios. Announcements were also published online in men's eating disorder forums and a local newspaper ran an announcement of the study as well. Participants contacted the researcher via telephone and via e-mail to discuss setting up an interview. Several prospective interviewees ended up postponing and canceling interviews. This may have been due to the sensitive and highly personal nature of the study.

The interviews took place in a large metropolitan area and in a midsize city in the southwestern region of the United States. The majority of the interviews were conducted in my office, one in the office of a colleague, one in a park, one in a quiet café, and two were telephone interviews. Interviews were conducted with ten men who self-identify as being eating-disordered.

Due to the delicate nature of the inquiry, participant confidentiality and anonymity were of paramount importance. Eight of the interviews were audiotaped with interviewee consent and transcribed. The researcher took handwritten notes during the remaining two interviews. All the resulting data were analyzed for themes and content.

The informed consent form was signed by all the interviewees who participated in face-to-face interviews. The two men who were interviewed via telephone returned the informed consent forms via e-mail, indicating consent. The form included a description of the study's purposes and procedures, a statement that the participants were free to withdraw their consent at anytime or for any reason, and if they had any questions, they could contact either the researcher or research oversight personnel at the university. A copy of the consent form is

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attached to this report as Appendix A. No monetary compensation was offered to the participants.

Study Design

Besides interviewing the participants in the study, data collection included document inspection and observations of support group sessions. Field notes were taken.

Documents inspected include personal written statements from the participants and excerpts from some of the participants' personal journals. Additional information was collected online from men's eating disorder forums and bulletin boards. These included narratives by men suffering from eating disorders as well as documents posted online by treatment centers and professionals.

Observations were made by the researcher who attended two Overeaters Anonymous (OA) meetings, each lasting an hour. The individual interviews ranged in length from 15 minutes to over two hours, although an intent was to conduct them for approximately one hour each. The length of the interviews was determined by the interviewees. Many ad hoc discussions with colleagues in the field of mental health were undertaken. These also contributed valuable insights into many of the emergent themes of this project.

Participants

The ten participants ranged in age from 25 to 49 years. Sexual orientation of the individuals interviewed included six participants reporting homosexual orientation, one reported being asexual, and three heterosexual. Nine of the interviewees self-identified as being eating-disordered, and one newly in active recovery from an eating disorder.

Potential Benefits

It is the researcher's belief that professionals in the medical and mental health fields are often inadequately prepared to work effectively and non-judgmentally with men who suffer from eating disorders. It was hoped that the participants in this study, men with eating disorders, and helping professionals who work with eating disorders would benefit from a fuller understanding of issues relevant to this much-misunderstood topic. Furthermore, several of the interviewees expressed that the interview process itself was valuable for them, as it allowed them to retell their stories and feel validated and heard because someone was genuinely interested to listen to their stories.

Potential Risks

Given the researcher's commitment to, and awareness of, the needs for confidentiality and anonymity in this type of personal research, the risk to individual participants was deemed to be minimal, however debriefing and information of treatments were provided. Furthermore, all data were coded in such a way that no person, place, or organization could be identified in any written or oral report emanating from the study.

The Role of the Researcher

The researcher is a licensed mental health professional and has worked with individuals with eating disorders, including men, in therapeutic settings. This background prepared the researcher to retain a stance of objectivity in the interview process and in the analysis of data, despite the deeply personal nature of the interviews.

Interview Questions

Interview questions were flexible and open to revisions. They were in the nature of informal discussions about contributing factors, perceptions, and attitudes about eating disorders in men. Questions included in the interviews can be found in Appendix B.

Pseudonyms

The interviewees were assigned pseudonyms, which will be used hereafter. Allan is in his twenties, works at odd jobs, and self-identifies as eating-disordered. Brad is a middle-aged professional man who suffers alternately from bulimia and anorexia. Cal is in his late twenties, accomplished in his field, and lives with bulimia. Don, in his twenties lives with an eating disorder. Eric is a middle-aged man who works in an educational setting and is in recovery from a lifetime of bulimia. Phil is a 25-year-old college student who suffers from "problems with overeating". Gary is a 33-year-old man who is on disability and suffers from anorexia. Harry, a professional man in his early thirties suffers from bulimia. Joe is a highly educated man in his late forties who suffers from intermittent bulimia. Kenny is a professional in his thirties and suffering from anorexia.

DESCRIPTION AND ANALYSIS

Results

A complex tapestry of emotions, issues, trends, and themes emerged from the stories of the men interviewed. Several definite patterns emerged from the participants' responses to the interview. Important themes emerged from the analysis of the data including sense of shame, isolation, strong feelings about body image, and self-esteem issues. Some of these themes were also identified in the literature review, and the findings appear to support some of the conclusions of existing literature. In discussing the results I will focus on themes that most clearly describe what it is like to be a man with an eating disorder, namely shame, isolation, feelings about the eating disorder, meanings the interviewees had for the disorder in their lives, and significant experiences the interviewees felt related to their eating disorders.

Most of the interviewees appeared very comfortable and willing to discuss their feelings and experiences openly. Men with bulimic behaviors were more forthcoming about their actual behaviors than were those who identified themselves as anorexic. Bulimic behaviors included repeated bingeing, vomiting, excessive use of laxatives and strenuous exercise. Some men reported additional components. For example, Harry described how he tried to "outsmart his body". "I invented a way I had called processing, to taste and chew food, spit it our and not swallow it." Brad's description of his behaviors was illustrative of the behaviors of several others'. "I eat junk food or sweets, a cake, maybe six or more hamburgers, a 2-liter of soda, and keep eating usually a couple of hours or more and it costs a nice sum of money... I have developed stretchmarks on my stomach to accommodate the expansion... I follow it with vomiting which again takes a while to complete."

Many of the men interviewed spoke of physical problems they had developed as a result of eating disorders. Gary's kidneys have been damaged and he has problems with bladder control. Phil feels dizzy and faint and has been to the emergency room because of a seizure. Blackouts and dizziness were also mentioned by Harry and Brad. Due to years of vomiting, the teeth enamel can erode. This was talked about by four of the men who described the enamel loss having caused extensive dental problems.

Despite the serious nature of eating disorders, and the recognition by most of the men interviewed that the disorders can be life threatening, they felt that they had no real control over their eating-related feelings and behaviors. Eric spoke to this by saying, "I can control it. I can control it. I can control it. I tell this to myself… But it does not work… I only go deeper into my shame and humiliation." Kenny similarly stated, "It's just this inner compulsion, like a fire that consumes me… I have no control over it…"

By far the most frequently reported issue was the participants' sense of shame and isolation fueled by the secrecy surrounding eating disorders for these men. Several of the men have been very much alone and in hiding with this illness. Joe described his isolation, "I have suffered silently for almost thirty years… daily ritual of self-punishment, expression of self-loathing." Many men suffering from eating disorders fear telling about their problem, or even facing it themselves. Brad stated: "For two decades I hid behind the façade of a competent professional, in control." Another man, Phil, admitted, "No one knows about my shame… not family, not friends… I am an expert at hiding it."

With the sense of shame and secrecy inherent in the lives of these men came rather harsh judgments of self. The words the interviewees used about themselves ranged from "wacko", "weird", and "warped" to "emotionally challenged nut", "in turmoil", and "fat and

sad". Joe felt that he is not good enough to attain the best in himself, and stated that he feels like "used goods... I don't feel I have any value."

The interviewees further talked about the feelings and meanings they ascribe to their eating disorders. The words "hate" and "ritual" were frequently used by the interviewees. Common statements included Brad's comment, "I truly hate my illness and as a result, hate myself"; and Harry's expression that "after gorging, I feel totally worthless, like a piece of shit...". Cal saw his eating disorder behaviors as "ugly activity, and it's the best of times and the worst of times... it's a process and it makes me feel both high and relaxed, and sick and guilty." Statements like "Initially I used food to cope with stress and pain.", were common among the men interviewed. Eric described what vomiting meant to him: "The addiction to food grew and got out of hand...Vomiting became a lifesaver, but that too got out of control real fast...". Phil and others saw themselves as comforting themselves with food. Similarly, Joe, like several others, gets "a sense of peace and cleansing" from his ritual of bulimic behaviors. Gary, who suffers from anorexia stated, "I was a fat kid... teased a lot.... Now I'm still that fat kid, on the inside...". Kenny echoed these feelings, "I know on the outside I look good, but I don't feel it...". Harry, suffering from bulimia admitted that "I still feel like the fat kid. Maybe that feeling keeps me in my ritual of bingeing and purging..."

The participants described some of their childhood experiences that, for them, shaped their lives. A variety of childhood experiences were recounted by the interviewees. All the experiences had a common element of having been perceived by these men as traumatic and humiliating. Don spoke about his father's explosive, often violent temper, and his mother's addictions to alcohol and prescription drugs. Harry recounted his parents comments of "don't worry, you're gonna gain 30 or 40 pounds in university, don't you worry" as the precipitating

factors in his fear of gaining weight and the ensuing struggle with bulimia. Similarly, Brad's memories of being tormented and abused by his brother who "took pleasure in urinating on me" are inextricably connected, in his opinion, with his eating disorders.

Another recurring theme in the interviews was sexual orientation. Gary said, "I am a homosexual and I've found out it relates very strongly to my anorexia." Brad stated that "My eating disorders (anorexia and bulimia) are tied in with being gay. Coming to terms with being gay and accepting myself for who I am, has been a big part of my attempts to recover." Several of the gay men saw the lack of belonging (due to being gay), feeling different, and the ensuing search for acceptance outside of themselves as the connection between their sexual orientation and their eating disorders. According to Carl "I know there is an obvious correlation between my eating disorder and the rigid parameters of gender roles that I didn't fit into. I was a repressed sensitive little boy." Kenny stated that "the gay male community is more oriented to physical attractiveness, we have bought the ideal body image myth. Success and sexuality is dependent on how well you fit into the pretty boy image."

While most of the participants self-identify as being gay, and agree that male body is more on display within the gay community than it is in the heterosexual settings, it is important to remember that heterosexual men suffer from eating disorders as well.

Cases

The following two interviewee profiles, the stories of Eric and Allan, are good examples of the diversity of men's experiences with eating disorders. These narratives illustrate that there is no template that we can use to describe a man suffering from an eating disorder.

Eric has suffered from bulimia since he was in grade school, but is currently in recovery. Eric described himself as a "fat kid... I was teased a lot about being fat... that's why I started purging." During much of his adult life he has engaged in daily rituals of compulsive eating followed by vomiting. He kept his work, but his social life was non-existent. He felt alone and isolated and was "real good at hiding myself, my life with food was a secret."

Eric saw his eating disorder as a result of his low self-esteem as well as a cause for low self-esteem. He also felt that the teasing he endured as a child greatly contributed to his eating disorder. His image of himself for 44 years of his life has been that of a "fat and ugly man", but since entering treatment he has started to look at himself in a more positive light.

Eric's disorder had many phases over the years. At times he felt totally consumed by the bingeing and purging, at other times he was severely restricting his food intake for a time. He explained that his shame used to be overwhelming and kept him isolated.

Years ago Eric had attempted to obtain professional help, but did not find it helpful and gave up after a few sessions with a psychiatrist. He restarted therapy three years ago with a "sympathetic" psychiatrist. After three years in therapy and after allowing himself to feel his various buried feelings and talk about his experiences and reactions, he was finally ready to start freeing himself from a lifetime of being controlled by food. He has been free of bingeing and purging for four months.

Eric explained his belief that "there are a whole lot of men out there" suffering from eating disorders, and they are not getting help. He stated that there is "very much stigma attached to having an eating disorder when you are a straight man... many think it's linked to homosexuality."

The experience of another interviewee, Allan, illustrates that eating disorders in men can take very different forms. He stated that he has "serious problems with food. It is very weird. It seems that I am sexually aroused by watching overweight men eating food. When I become aroused by this, I overeat. And I overeat from being bored and then I get sexually aroused. I've been to several shrinks, but they really haven't helped me!"

Allan defined his eating disorder in connection with his sexuality and labeled himself asexual, one who experiences arousal but no real interest in sex with anyone. His sexual life focuses on food. His problems with eating started when he was a teenager and tend to get worse and more unmanageable when he was bored or feeling lonely. He stated "When I'm bored, I get to feel isolated... I am isolated... then I overeat... then I get sexually aroused, and want to overeat more." He describes himself as "very weird, like people think I'm weird". Allan further stated that he has no relationships, "I can't relate to people; they would think I'm weird or something."

Allan may have experienced childhood abuse or had other traumatic experiences. He alluded to this by saying "I don't know what caused it... I get images of what has happened... I suffer... It hurts to talk about it...." Allan was obviously distressed, consequently the researcher did not prompt him further on this topic.

Like the other interviewees, Allan reported feeling alone with his disorder. Only his mother knows about his eating problem. When Allan was a teenager, his mother made him go to a doctor but, according to Allan, the doctor "didn't understand anything. He thought I was weird too." His further attempts to obtain professional help have not been successful either. When he went to see another doctor a few years ago, the experience was similarly negative. Allan described the experience: "she looked at me like... She said that food

represents something, but she didn't understand.. and she didn't know how to help me...". Allan stressed that professionals " should try to get to the real questions about the real problem... why I'm there... that eating disorders are all kinds, not just anorexia and bulimia... Need to accept that."

In conclusion, it became clear from the interviewee's recounts of various experiences with professionals that many in the mental health community are not dealing well with men with eating disorders, primarily because they tend to adhere to the old models looking at eating disorder syndromes as female illnesses. As Carl put it, "I remember he (the therapist) made some remark back at my parents that I wasn't exactly a female model or something… he acted really weird toward me… his discomfort was obvious and pronounced." In Don's opinion "this disease isn't recognized at all by professionals, cause a lot of them don't know a thing about it."

SUMMARY

The analysis indicated that these ten men from a variety of backgrounds shared much in common. Their experiences are linked with the common bond of having lived with an eating disorder. Although the personalities of these men were different, as were their families of origin, their socio-economic status, their careers, and their sexual orientation, still many common elements emerged. This suggests that a variety of origins and factors contribute to men's eating disorders. However, with the eating disorders comes a commonality, a shared

experience comprised of the struggle for control over the eating disorder, a sense of shame, secrecy, and often social isolation.

Finally, to be a man with an eating disorder means to feel different and isolated. It means to have a sense of secrecy about major aspects of life, a secrecy that leads to a sense of shame. To be a man with an eating disorder means to have anger and hatred toward the disorder and often toward the self. To be a man with an eating disorder means to long for a "cure", yet fear the cure. It means frustration and rage when attempts to obtain help lead to further humiliation. To be a man with an eating disorder too often means to feel utterly alone in the struggle.

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this paper was to gain understanding of what is it like to be a man with an eating disorder. Eating disorders in men take many different forms, but the review of literature and the interviews with men suggest that common components of isolation, shame, and angst with regard to food are prevalent in the experiences of all men suffering from these disorders. Medical and mental health professionals need to be attuned to the variety of forms that eating disorders can present. They should be educated about these issues as they relate to men. Despite the fact that all the men had tried, none of the interviewees had managed to recover on their own. This suggests an important role that professionals and treatment facilities can play in the recovery of men with eating disorders. Furthermore, education to dispel the myth that only women suffer from bulimia, anorexia, and related disorders, seems to be indicated.

The researcher believes that the individual experiences of men with eating disorders must be given a voice and must be understood in depth by professionals in order to even begin

to develop theories of eating disorders in men. This belief was supported by the responses of these men. Clearly, a variety of factors combine to produce and maintain a disordered relationship with food in men.

Further research could certainly improve our limited understanding of eating disorders in males. Some of the issues for additional research follow: 1. The possible connection between a heightened emphasis on physical appearance in the gay male subculture and the risk for eating disorders. 2. Societal homophobia as a contributing factor for increased rates of eating disorders in gay males. 3. The possible connection between traumatic childhood experiences and increased risk for eating disorders.

Eating disorders in men seem to be still little understood by researchers and helping professionals. It seems clear that the identification of the multiple influencing factors that contribute to the development and maintenance of these disorders could lead to more effective treatment and prevention protocols.

Although this study was small, the analysis provided valuable insight into the experiences of these men, into what is it like to be a man with an eating disorder. It remains the researcher's belief that eating disorders in men cannot be understood without carefully listening to the voices of men, like the ones interviewed here, who have firsthand experience with eating disorders.

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Appendix A

Interview Questions

- Would you describe the problems you have with eating?
- What has been the course of your eating problems?
- Would you describe factors that appear to increase or decrease the intensity of your eating problem?
- Would you describe how do you feel about your eating disorder?
- What factors, in your opinion, contribute to your feelings about your body?
- Could you talk about your experience with societal emphasis on physical appearance?
- Do people close to you know about your eating problem? Why or why not?
- How would your life be different if you did not have an eating problem?
- Have you attempted to obtain help for this problem? Please describe the circumstances and the outcomes.
- What should helping professionals (therapists etc.) know/understand about eating disorders in men?
- Is there anything that I have not asked you about, that might help me to better understand your personal experience with eating disorder?

Pirkko S. Ahonen 4/21/2003

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